KENTUCKY DENTAL TAC MEETING MINUTES

Transportation Cabinet Mero Street Frankfort, Kentucky

> June 18, 2014 8:00 a.m. EST.

The meeting of the Dental Technical Advisory Committee (TAC) was called to order by Dr. Susie Riley, Chair.

The TAC members in attendance: Dr. Susie Riley, Dr. Garth Bobrowski, Dr. Wayne Lose and Dr. Neil Rush. Dr. John Tompson, Executive Director, Kentucky Dental Association.

Medicaid staff in attendance: Dr. Ken Rich, Ms. Carrie Anglin, Mr. Charles Douglass, Ms. Cindy Arflack, Ms. Stephanie Bates, Ms. Veronica Cecil and Ms. Jennifer Moore. Dr. Julie McKee, State Dental Director, Kentucky Oral Health Program.

The Managed Care Organization (MCO) representatives in attendance were: Dr. Fred Sharpe, Dr. Jerry Caudill, Ms. Carol Brenner and Ms. Melissa Reynolds with Avesis; Ms. Pat Russell with WellCare; Mr. Jason Trudeau, Ms. Bonnie Reynolds and Ms. Carol Brenner with Passport; Ms. Lisa Sweeney and Ms. Cheryl Lighthart with Scion Dental; Mr. Ken Groves with Anthem Kentucky; Dr. Vaughn Payne, Ms. Christian Bowlin and Ms. Kim Howell with Humana – CareSource; Ms. Morgan Stumbo with MCNA.

Guest: Dr. Corey L. Hamm

A motion was made by Dr. Bobrowski and seconded by Dr. Lose to approve the minutes of April 4, 2014. Motion passed.

The corrections or additions to the 2013 reports were in the packets that were distributed to the TAC. Ms. Carrie Anglin stated the first quarter of 2014 data is not available yet. Ms. Anglin or Mr. Kurt Godshall can be contacted if there are any questions concerning the reports.

Program Integrity: Ms. Veronica Cecil, Director of the Division of Program Integrity, addressed the TAC concerning provider eligibility problems that have occurred and reiterated that it's a provider's responsibility to ensure that their license is up to date, to submit an Annual Disclosure of Ownership, and to notify DMS of an address change. She stated it is a federal law to revalidate every five years and it's a state law to do it annually. Dr. McKee asked if DMS receives license updates from the Board of Dentistry. Ms. Moore stated that DMS did not get one this year but they are working with the Board to begin getting monthly feeds instead of every two years.

Dr. Sharpe stated he thought there were three corollary issues occurring at the same point – the state licensure issue; the certification-of-ownership issue; a communications issue of dental practices whose corporate offices are not in Kentucky receiving information about updates and not passing this on to the appropriate Kentucky dental offices; and the taxonomy code issue.

Dr. Bobrowski asked Ms. Cecil if she would send out a letter to providers explaining what happened in March when many providers were dropped from the program and what steps DMS is taking to improve the provider eligibility process. Ms. Cecil stated that DMS is working on an online provide portal with a launch date early next year, possibly February, for individuals that should streamline the eligibility and re-validation process for providers.

Ms. Cecil stated that currently the average processing time for eligibility is forty-seven working days. If providers have not heard from DMS within that time frame, she encourages them to call DMS. Ms. Cecil stated that the applications need to be as complete and correct as possible and that applications are reviewed on a first-come/first served basis, not by provider type. Ms. Cecil also stressed the importance of using the most current form of the applications that are found on the DMS website. Dr. Rush suggested that Ms. Cecil hold seminars at the two dental schools to educate dental students on provider eligibility requirements.

Individual sessions were held with each MCO representative and their subcontractors.

COVENTRYCARES/AVESIS: Dr. Sharpe stated that the reports requested by the TAC have been turned over to CoventryCares but that CoventryCares has not given their blessings to distribute them. Dr. Sharpe will confer with Russell Harper as to what happened with this. Mr. Harper was not present today and reports were not presented at the 4/20/2014 meeting. So, there have been no reports from CoventryCares since 2nd quarter, 2013.

There was discussion about emergency adult patient visits. Dr. Sharpe stated that emergencies are covered as necessary without restriction. Routine non-emergency care and preventive services are available one time per month. He stated he would put out a memo to providers clarifying this.

Dr. Riley asked about the shortage of oral surgeons in certain regions of the state as of 3/28/2014 that was reported on the network adequacy report on DMS' website. Dr. Sharpe stated he was not aware of any categorization of something being negative and that he will look into the details of this.

Dr. Riley asked about x-ray limits. Dr. Sharpe stated that providers can take new x-rays up to the limit of four x-rays for that member per provider and that this information can be found on the grid. Dr. Caudill asked for examples of when a claim has processed otherwise and he will look into it.

Dr. Riley asked what it means by orthodontic transfers and Dr. Riley discussed a situation of an out-of-state Medicaid person relocating to Kentucky and seeking orthodontic dental services. Dr. Sharpe stated CoventryCares has a standard continuity-of-care program and they're obligated to not expend more than what is the equivalent of one case fee per member for orthodontics. He discussed the Orthodontic Continuation of Care Form that was distributed to the TAC.

Dr. Bobrowski and Dr. Thompson complimented both Dr. Sharpe and Dr. Caudill for working closely with them on issues involving dentistry in the state.

Dr. Sharpe stated that he and Dr. Caudill have brought four dental issues to the Medical Directors to attempt to have them involved through their MCO's to solve them:

- (1) Non-payment of UK's Oral Pathology Department
- (2) Attempt to get more discipline on mobile and portable dental units
- (3) CT scans being authorized for oral surgeons
- (4) Working with Public Health Department

PASSPORT/AVESIS: Reports were given to the TAC. Dr. Sharpe stated that a caveat to one of the reports is the number of dentists submitting \$10,000 or greater from the Passport network is quite low because the program is in its infancy in seven regions. Dr. Lose asked if the report could reflect payment of claims of \$10,000 or greater instead of submitted claims of \$10,000 or greater. Dr. Sharpe stated this would have to go back to Passport's management.

Mr. Trudeau addressed the issue of oral surgeons outside of Region 3. He stated that Passport would submit all claims containing 18 CPT codes just to Avesis on the dental end and not submit those claims on the medical end with a rollout date of August 1st. After August 1st, if any claims are submitted on the medical end containing those 18 codes, they will be denied. There will still be a few CPT codes that will go to medical. This will mirror what providers are already accustomed to outside Region 3.

Dr. Lose asked about the turnaround time for payments to providers. Dr. Sharpe stated that Passport has a claim certification process that it uses which might slow the payment process some but not more than one day.

Dr. Riley asked what the time frame was for acknowledging appeals. Dr. Sharpe stated he would have to see what the letter generation program is. Dr. Riley stated that when a post review is done, a written response is not received by the provider. Dr. Sharpe stated written responses are a good idea and they will look into this. Dr. Riley further requested that Passport send approval letters to patients – not just denial letters.

HUMANA - CARESOURCE/MCNA: Dr. Vaughn Payne was introduced as the new Medical Director for Humana - CareSource. Kim Howell, Provider Relations Manager with Humana-CareSource, stated she would need the formats for the reports requested by the TAC. Ms. Anglin will provide those to Ms. Howell.

Dr. Riley asked about prompt pay. Ms. Howell stated that they have been meeting the prompt pay requirements per their contract, but she will be contacting a CareSource claims analyst to seek clarity on their percentage of pending claims and what the reasons are for this. Ms. Christina Bowlin with CareSource stated that the portal has been updated to now include the taxonomy code. Dr. Riley asked if a claim is now entered in the portal, when will payment for that claim be expected and Ms. Howell stated anytime within thirty days.

Dr. Riley asked about the adequacy of the oral surgery network . Ms. Howell stated she was not aware of a Region 3 issue of finding surgeons and that their focus at this time is on Regions 1, 2, 7 and 8 for access standards. Dr. Lose stated that until the issue with preauthorization of surgical extractions is cleared up, this problem will continue, and Dr. Bobrowski spoke about the number of oral surgeons that are dropping out of the program due to this restriction.

ANTHEM/SCION: Lisa Sweeney introduced herself as the Chief Financial Officer of Scion. Dr. Riley stated that she understood the first quarter has just ended and Ms. Sweeney hasn't had contact with Ms. Anglin, but Dr. Riley suggested that Ms. Sweeney get the quarterly and annual report formats from Ms. Anglin for future reports to be given to the TAC.

Ms. Sweeney gave a Powerpoint presentation that covered provider relations, network recruitment plans, geo access of providers, credentialing, the provider web portal, authorization review, claims processing, claim denials and appeals. Ms. Sweeney will provide an electronic version of this presentation to Ms. Anglin as well as the full geo access report. TAC members were very impressed with the graphs and charts that were included in the presentation and

Dr. Riley asked if Scion could query CAQH concerning the credentialing process. Ms. Sweeney will also provide a screen shot of the Claim Estimator to the TAC. Ms. Sweeney reported that the new State Dental Director is Dr. Susan Feeley.

The TAC members were complimentary of the Powerpoint presentation and the charts and graphs included and Dr. Lose asked if Scion would be willing to share a template of this presentation with the other MCO's. Ms. Sweeney agreed to do this and will provide it to Ms. Anglin.

WELLCARE/AVESIS: Dr. Riley asked about the 2013 reports that were being vetted by the Legal Department for WellCare. Pat Russell, Director of Provider Solutions for WellCare, stated she was not aware those reports were still needed but she will get the reports to Ms. Anglin within the next seven to ten days.

Three reports distributed to the TAC were the first quarter 2014 paid claims, the network and area access, and a series of percentages for patient-based and provider-based services. Dr. Sharpe will do a comparison of the first quarters for years 2012, '13 and '14 of the relative ratios between extractions and restorations to see if it's changing.

Dr. Riley asked when providers will be notified about guidelines regarding when nitrous oxide reviews are required. Dr. Shape will get a publication out to inform providers about this. Dr. Riley asked if a new grid will be produced that clarifies emergency visits and x-ray limits. Dr. Sharpe stated the grid today states per patient per provider and Avesis will email a memo to providers informing them of this. Dr. Riley asked whether the report of doctors who have gotten paid claims in excess of \$1,000 per month has been vetted yet by legal. Dr. Sharpe stated there was no answer to that at this time.

OLD BUSINESS: Dr. Rich stated that draft dental regulations have been written, but due to the budget crisis, nothing is moving forward. Dr. Riley reported that she did move forward with the recommendation to the MAC that a no-show failure code be developed and is waiting for a response from the Commissioner. Dr. Caudill stated he has also brought this up to the MCO Medical Directors.

NEW BUSINESS: The date of the next meeting will be September 24, 2014, 8:00 a.m., location to be determined. The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 27th day of June, 2014.